

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048794

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 94

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 26 1963

1. PLACE OF DEATH

a. COUNTY

MORGAN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

VERSAILLES

Length of stay in 1b

2 MONTHS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

KIDWELL REST HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MORGAN

c. CITY OR TOWN

STOVER

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

Highway #52

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Lulu SARAH MERRIOTT

4. DATE OF DEATH

Month Day Year
DEC. 14 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

APR. 10 1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

BENTON COUNTY Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

A.E. TAYLOR

13b. MOTHER'S MAIDEN NAME

MARTHA CHINE

14. NAME OF HUSBAND OR WIFE

SIDNEY MERRIOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

HAROLD HUGHES VERSAILES M.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Infarction

Seconds

DUE TO (c)

Arteriosclerosis

Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from SEPT 1956 to DEC 14, 1963 and last saw her alive on Dec. 7, 1963
Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

22b. ADDRESS

Stover Mo

22c. DATE SIGNED

12/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

DEC. 17 1963

23c. NAME OF CEMETERY OR CREMATORY

STOVER CEMETERY

23d. LOCATION (City, town, or county)

STOVER

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Stover Mo.

25. DATE RECD. BY LOCAL REG.

12-21-63

26. REGISTRAR'S SIGNATURE

J. H. Washburn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0710
2 0710
3
4
5 2
6
7
8 2
9 420.1
10
11
12 86-2
13 20

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. L. Sevenson
Licensed Embalmer No. 4073

P. O. Address

Stover Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.